

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS
1971 ANNUAL REPORT



The value of the volunteer in the fight to prevent blindness is incalculable.

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REPORT OF THE PRESIDENT

Highlights of the National Society's activities during 1971 will be described within this report; and once again those of us associated with the Society, whether through work with program development, services or administration, or as active supporters, can feel encouraged by the gains made during the year.

One significant development during the year was the symposium on diabetic retinopathy, sponsored by the Society in conjunction with its 1971 Conference, in which six eminent ophthalmologists and two diabetologists participated. This disease, little known outside several medical specialties, is devastating to the eyesight of those diabetics that acquire it, and urgently needs the public and professional interest necessary to secure basic and clinical research funding. Diabetic retinopathy is fast becoming a major public health problem, and is forecast in the coming decade to overtake cataract and glaucoma to become the leading cause of blindness in the United States. Further details of the symposium are covered within this report.

Comparison of numbers, "then and now," when representing steadily—sometimes dramatically—growing participation in Society services or programs, is always immensely gratifying. Sev-

eral examples are illustrated within the report—and clearly depict our continued progress. It is noted, for instance, that attendance at the Society's annual glaucoma symposium for ophthalmologists has risen from 20, in 1951, the year the program was instituted, to some 600 this year. And our Wise Owl Club, the industrial eye protection recognition program, which had 2,403 members in 1951 has in 1971 risen to a membership of 49,369.

One of the areas in which the number of workers has increased greatly is volunteer service. Several hundred volunteers serve the National Society and its affiliates as board and committee (program and administration) members; and over 25,000 volunteers participate in our vision screening and glaucoma screening projects. In our preschool vision screening projects alone, more than 153,000 hours were contributed by volunteers this year!

Other ways in which volunteers contribute: Safety engineers speak on behalf of the Society to schools, industry and professional safety organizations; ophthalmologists speak to lay audiences on eye health and safety, appear on radio and TV talk shows, and speak to local medical societies on the role family practitioners can play in promoting eye health; and Society volunteers in the fields of advertising and public relations help affiliates prepare newsletters, news releases, annual reports, media pub-

lic service campaigns, and other communications materials, such as brochures and posters.

In addition, volunteers arrange and give benefits for the Society, perform office duties, and serve as "publicity links" between the Society and other organizations and groups to which they may belong or come in contact. A direct and vital service is also rendered by board members who make personal and written appeals for funds to corporations, foundations and individuals on behalf of the Society. The importance of this can scarcely be overestimated.

So although each year in my report I have expressed the thanks of the Society to our excellent volunteers, this year I wanted to do more than that. This partial enumeration of the categories of service covered by these dedicated people, an attempt to "reward" them publicly a little more fully, is still merely a token of the gratitude and esteem of the Society.

BRADFORD A. WARNER
President



REPORT OF THE EXECUTIVE DIRECTOR

In planning a synopsis of the Society's activities for the year, it seemed I might well be guided by the Society's 1971 Conference program. The presentations at the Conference offer in effect an outline of those projects which we can most easily term "successes"; exciting new educational and community-action programs; and scientific areas which would benefit from consumer and/or professional education campaigns.

□ In the Conference category of "Scientific Aspects of Preventing Blindness" there were two presentations on diabetic retinopathy, the impact of which Mr. Warner has mentioned in his report, and which will be elaborated upon within this report. Both papers dealt with current treatment regimens. A presentation on "Hereditary Eye Disease: Approaches to Prevention" focused on an area receiving increasing stress by the Society. Hereditary blindness is currently responsible for 17% of all blindness; and the Society seeks through its educational program to gain public recognition of the importance and availability of genetic counseling.

□ In the category of community-action programs, a presentation on eye safety on the farm denotes the Society's burgeoning program centered primarily, currently, on the widespread use of the fertilizer anhydrous ammonia and its attendant eye hazards. Particular commendation is due our Iowa affiliate for its saturation educational program. Society expertise has been increasingly sought by agricultural publications and educational institutions, and voluntary, governmental and social organizations seeking effective farmer education in this area.

A progress report was given at the Conference on the Food and Drug Administration's regulation requiring all eyeglasses to be of impact-resistant materials. Since the FDA initiated action a year ago, the Society has maintained a strongly supportive stand, bolstered by the impressive cooperation from ophthalmologists and other eye care specialists, in affirming the proposed regulation as a landmark decision for protecting eyesight. The ruling takes effect in January 1972.

Attention is being increasingly focused on the role of mobile health units; and a detailed description of a first-year's operation of a mobile eye care unit on duty in Newfoundland, Canada, was given at the Conference by the unit's medical director. A mobile eye screening unit was put into operation this past summer through financial support received by the Central Florida Branch of the Florida Society; and has been used to travel seven counties, for preschool and school vision screenings and for glaucoma screenings. Society advice has been queried by many service organizations around the country regarding the operation of mobile eye screening and eye care units.

Though we can be gratified by our program results, and point particularly to our successes in meeting new problem areas in blindness prevention, we must also heed those "old foes" who are still with us. I recently read again that Gallup poll of 1965 which revealed the finding, often used in Society materials, that the public fears blindness second only to cancer. What is less known are other findings

of that poll, which remind us of our ongoing educational responsibilities:

Cataracts are the leading cause of blindness in the U.S., and the subject of years of educational effort by the Society in promoting the "success factor" of surgical intervention—and 83% of those polled "had some idea" of what cataracts are.

Though glaucoma is the second leading cause of blindness, only 49% of those polled knew what it was.

An optician was incorrectly identified as an "eye doctor" by 44%; and only 21% correctly identified an ophthalmologist as an "eye doctor."

All of which serves to remind us that we must *continue* as well as to initiate and broaden. As one of our medical advisory committee members reminded us some time ago: "Our studies tell us that half of all blindness which occurs is needless and could be prevented with the knowledge and methods we have at hand. But they are of little use unless they are available to the public and recognized by the public."

WILFRED D. DAVID, M.D.
Executive Director



"YOU ARE STARTING

on a screening program . . . In no sense are you and I giving the children an examination . . . All children who fail the test should be re-screened before referral is made . . . The critical line for the four and five-year-olds is 20/30, the critical line for three-year-olds is 20/40 . . . The actual screening is conducted in the form of a game for the children—a game in which the E is called a table with three legs, and the children are going to show with their hands which way the table legs are pointing . . . Once you have your chart on the wall, measure carefully your 20-foot distance and put footprints like these at the 20-foot mark, with the heels on the line . . ."

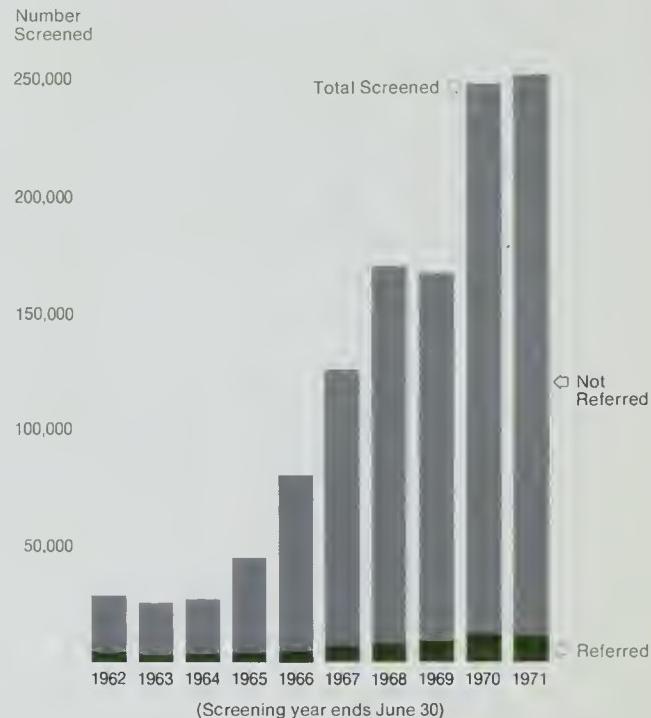
The speaker is Mrs. Cynthia Thero, program consultant for the Colorado Society . . . or Mrs. Kay Wooster, of the Florida Society . . . or Mrs. Esme Treen, of the Wisconsin Society . . . and each of them, and the program consultants from the other Society affiliate organizations, can be heard giving a talk similar to the one above throughout the year, in cities or towns, to groups of women and men who will subsequently "graduate" to active participation in the Society's preschool and school vision screening program.

During the year Society-trained volunteers screened a total of 246,492 preschool-age children; with 800 screenings held in 21 states. From among the children screened, 10,624 were referred for a professional eye examination.

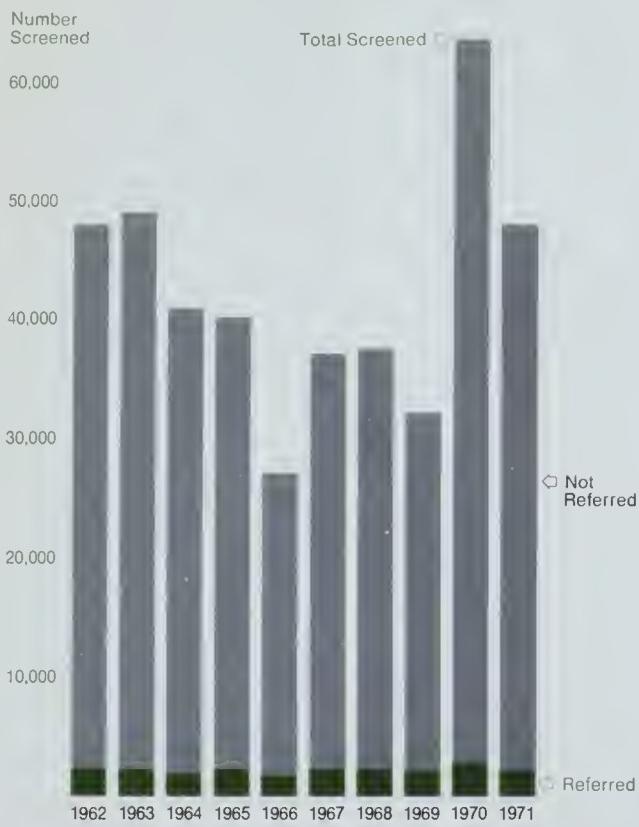
Sample screening projects during the year: IOWA SOCIETY trained a large corps

of volunteers who, upon request of the Des Moines school system, are doing all school vision screening in the city . . . MISSISSIPPI SOCIETY screened some 11,500 children during the year . . . FLORIDA SOCIETY'S DUVAL BRANCH has undertaken the screening of some 50,000 Duval County school children, in a project involving more than 500 volunteers . . . TEXAS SOCIETY'S 35 preschool vision screening projects reported a total of 22,774 children screened during the year, with 1,124 referred . . . GEORGIA SOCIETY screened 11,745 children in 1971, with 434 referred . . . INDIANA SOCIETY received a \$10,000 grant from the Indianapolis Foundation to support the screening program in Marion County.

PRESCHOOL VISION SCREENING
1962-1971



GLAUCOMA SCREENING 1962-1971



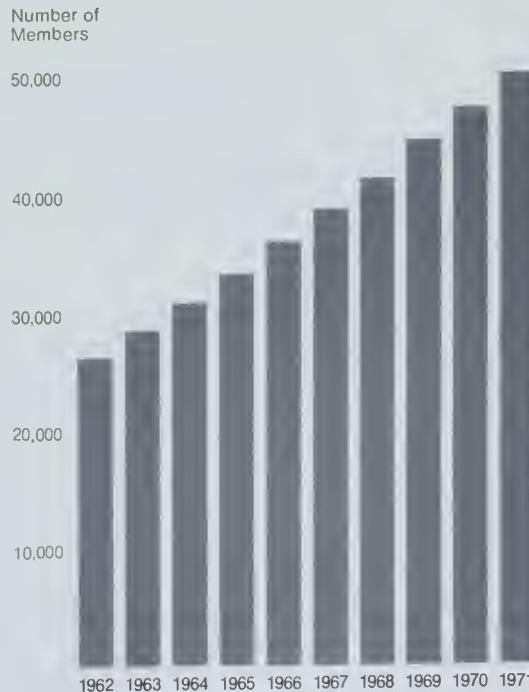
There has been a great deal of variation in the number screened each year. This is due partially to incompleteness of reporting. In some years large programs are undertaken which are not repeated.

GLAUCOMA SCREENINGS,

particularly the large "open" community screenings, are the other Society program area requiring intensive coordination efforts and the cooperation of many participating volunteers. Typically, a glaucoma screening would be co-sponsored with a local health department, medical society or institutional ophthalmology department for medical guidance and selection of volunteer ophthalmologists to perform tonometry, the eye pressure check given at glaucoma screenings. Mechanics of the screening (the physical set-up, supplies, referral forms, local publicity, volunteers to act as guides, case recorders, etc.) would be handled by the state Society, often in cooperation with a local civic group.

Sample projects: NORTHERN CALIFORNIA SOCIETY added a weekly glaucoma clinic in the East Bay area of San Francisco, in addition to the downtown clinic . . . WISCONSIN SOCIETY coordinated a four-city, one-day screening, with a total of 1,745 persons screened and 47 referred for a medical eye examination . . . MASSACHUSETTS SOCIETY screened 3,792 persons during the year, with 189 referred . . . KENTUCKY SOCIETY held a day-long screening in Elizabethtown, with some 450 persons screened and 48 referred . . . CONNECTICUT SOCIETY continued its active clinic in Wethersfield, with screenings held weekly . . . NATIONAL SOCIETY again participated in the health screening program offered to registrants at the annual meeting of the American Dental Association. A total of 956 dentists were screened for glaucoma, and 35 referred.

WISE OWL CLUB MEMBERSHIP 1962-1971



DIABETIC RETINOPATHY,

the focus of a National Society medical symposium held in conjunction with the November Conference, is fast becoming a leading cause of blindness and a major concern in the Society's preventive program. The disease is predicted to overtake cataract and glaucoma to become the leading cause of blindness in the coming decade; and the urgent need for research funding was stressed by the symposium participants—six ophthalmologists and two diabetologists.

Besides the pressing issue of the need for, and means toward, greatly increased research funding, the symposium dealt with the various treatment regimens and results, and the need for inter-institutional dissemination of current management methods regarding the disease. The need for career research investigators was also stressed.

Symposium speaker Richard A. Field, M.D., diabetologist with the Retina Foundation of Boston, presented a statistical projection of the incidence of diabetic retinopathy, a study prepared in September 1971

by the Harvard School of Public Health. The study estimates that compared to the current 154,700 persons blind from diabetic retinopathy, by the year 2000 a staggering 573,500 will be blind or severely visually impaired by the disease—more than the number blind from all causes today. (This figure is based on the assumption of a 9% yearly increase in the number of American diabetics, a percentage which has prevailed from 1958 to 1966.)

The National Society, in background materials presented at the symposium, noted that current studies estimate that 50% of diabetics who have had diabetes for 20 years will develop retinopathy, blood vessel disease of the eye's retina; as will 95% of them who have lived with diabetes for 30 years. The Society emphasized that there is no cure for diabetic retinopathy, a disease classified into progressive stages—the last being blindness. Further, current therapy must still be considered "experimental," as corroborated by the symposium participants.

NSPB vice presidents Irving H. Leopold, M.D., professor and chairman, Department of Ophthalmology, The Mount Sinai Medical Center, NYC; and Frank W. Newell, M.D., professor and chairman, Department of Ophthalmology, University of Chicago, were among the eight symposium speakers. A press release on the meeting was subsequently distributed to the news media and to ophthalmologists. The Society plans to continue to play an active role in the development and expansion of public and professional education programs regarding diabetic retinopathy.



DANGEROUS TOYS

became a national issue during 1971, following the summer publication of Boston attorney Edward M. Swartz's book, *Toys That Don't Care*. The book, an indictment of the availability of dangerous and even lethal toys, and the lack of effective testing or regulation, created a furor among the news media, consumer activists, a number of Congressmen, and parent and public-welfare organizations. The National Society, involved for years in a campaign to eliminate or control toys that pose hazards to the eyes of children, became a major source of documentation and quotation for the barrage of articles, programs and queries which ensued.

Reform had been anticipated through the Toy Safety Act of 1969; but regulatory activity by the enforcing agency, the Food and Drug Administration's Bureau of Product Safety, was finally spurred on chiefly by the consumer activist clamor this summer. As of the end of the year, the FDA announced that it had banned over 150 toys, and that future regulatory activities would be stepped up even more.

SPECIAL COMMENDATION

for innovative, constructive "out-reach" projects in blindness prevention is due the Massachusetts Society and the Iowa Society.

MASSACHUSETTS SOCIETY'S "Project Bright Eyes," a program to provide eye examinations for some 1,000 elderly residents of Boston's inner city, has become a na-



tional prototype, highlighting the unmet visual-care needs of the elderly population, and illustrating a workable program for meeting these needs. The program, in co-operation with Boston's Commission on Affairs of the Elderly, provides for eye examinations, follow-up services and treatment—all at no cost to the participants. The examinations are being given by ophthalmology residents at Boston City Hospital. Results to date show that about half of those examined were in need of eye care. The program has received much laudatory publicity in the Boston area press; and many inquiries have been received from governmental and voluntary agencies asking advice about setting up similar programs.

IOWA SOCIETY'S "Operation PEACH," Protect Eyes Against Chemical Hazards, is a massive farmer-education program aimed at preventing the alarming and growing number of eye accidents associated with the use of liquid fertilizers—anhydrous ammonia in particular. Stressing the need for proper protective eyewear when handling liquid fertilizers, the program is being conducted in cooperation with the state health department. Some 50,000 brochures on "Operation PEACH" have been produced (and well over half already distributed); and a grant has been received by the Society to produce an educational film. Agricultural organizations have also been enlisted to help get the message across.

OTHER AFFILIATE ACTIVITIES:

VIRGINIA SOCIETY, at the request of the state attorney general's office, conducted a survey of all state schools and colleges

to determine implementation of the school eye safety law, which requires all teachers, students and visitors in labs and workshops to wear proper (specified) eye protection. The survey was conducted by questionnaire . . . Along with responses, results include new Wise Owl Clubs chartered, many requests for films, speakers and publications.

State of Washington passed law requiring vision screening in schools, and WASHINGTON SOCIETY has been providing consultation services to school districts, training volunteers and school nurses in screening procedures . . . RHODE ISLAND SOCIETY has formed Women's Auxiliary, involved in fund-raising projects, program activities, distributing publication kits to all schools and libraries . . . At request of state department of public instruction NORTH CAROLINA SOCIETY has undertaken vision screening training of school nurses and social workers in 19 counties—some 17,000 children to be screened . . . UTAH SOCIETY training PTA volunteers who are undertaking the vision screening of all children in 60 schools of the Granite school district . . . NEBRASKA SOCIETY provided farm eye safety materials at state "Tractor Day" attended by some 12,000 farmers . . . PUERTO RICO SOCIETY has produced and distributed Spanish translations of Society publications . . . OHIO SOCIETY conducted training workshop for volunteers who will conduct vision screening programs throughout southwest Ohio.

THIS IS SUSIE'S MOMMY

The way that Susie sees her.



Susie is only three. She doesn't know things should look different from the way she sees them—she's never seen them any other way.

Only a professional eye examination will reveal her vision problem. And it's up to Susie's mommy to make sure she gets one now, during her

preschool years—the time when many sight defects can be most successfully treated.

Don't take chances. Have your child's eyes professionally examined now—it's your responsibility.

For more information write:
National Society for the Prevention of Blindness Inc
79 Madison Avenue New York, New York 10016

KISS YOUR EYES GOODBYE!

If you don't protect them, you might as well throw them away.



To find exactly what they care about, 1.4 million workers did this year in job safety and industrial eye protection...in the job.

1,000 eye injuries were suffered each working

day in the year. 90% of these industrial eye injuries were preventable.

When you go to work tomorrow, protect yourself, your wife and children by protecting your eyes.



For more information write:
National Society for the Prevention of Blindness Inc
79 Madison Avenue New York, New York 10016

DON'T LET YOUR HEAD BECOME A BURIAL GROUND FOR YOUR EYES



Every year 100,000 people become blind or partially blind—most of these preventable. If you are 18 years or older, get tested every two years. If you are under 18, get examined every year.

Keep your eyes alive.

For more information write:
National Society for the Prevention of Blindness Inc
79 Madison Avenue New York, New York 10016

TO REACH THE PUBLIC

the Society uses communications media in all their variety . . . NSPB quoted in numerous articles (including *Life* magazine, *Family Safety*, *New York Times*, *Baltimore Sun* magazine) which appeared during the year reflecting growing national concern with dangerous toys . . . And in newspapers and periodicals throughout the country regarding definition and support of new FDA regulation requiring all eyeglasses to be impact-resistant . . . Poster series produced for NSPB by NYC ad agency, Communications Quorum, Inc., includes subjects of industrial eye safety, glaucoma, and early visual care of children—receiving excellent

national exposure . . . NSPB director of Industrial Service, Jim O'Neil, quoted extensively in December issue of *True* magazine, on glasses and sunglasses.

New NSPB publication, "Half of All Blindness is Needless," produced during 1971, provides general description of programs and services, receiving widespread distribution . . . Added to film library, "Glaucoma, a Silent Threat to Sight," for lay audiences, produced at Philadelphia's Wills Eye Hospital . . . brings NSPB film library to 16 titles, in categories of children's vision problems, adult vision problems, general eye care, and eye safety . . . Northern California Society has produced "Eye Problems of the Senior Citizen," a publication describing common eye problems of older persons, and providing an excellent guide to eye care facilities and services . . . NSPB published "Recommended Aids for the Partially Sighted," a manual by Louise L. Sloan, Ph.D., described in a review by the *American Journal of Ophthalmology* as "a gold mine of information" . . . NSPB exhibits now total 16, include general interest and professional interest topics.

Sight-Saving Month campaign materials, distributed for release in September, continued through the end of the year to be heavily utilized by the nation's news media. Reports from TV stations, as well as the weekly returns from the newspaper clipping service (averaging 300 clips a week during September and October) verify the use of

these messages. In addition, return postcards have been received from some 3,500 radio stations—every one indicating scheduling of the spots.

State affiliates again were successful in obtaining prominent persons to head local campaigns . . . such as Edgar Bergen, Southern California Society; Marilyn Maye, Iowa Society; Dick Cavett, Nebraska Society; Hon. John Chafee, Rhode Island Society; Don Meredith, Texas Society's Dallas Branch; Wade Walker, athletic director, University of Oklahoma, Oklahoma Society; and Governor John Gilligan, Ohio Society.

And of course the National Society was immensely pleased to secure for the third year the cooperation of Bing Crosby as National Sight-Saving Chairman. As indicated above, Mr. Crosby's radio and TV messages on behalf of the Society are receiving excellent exposure and response. Mr. Crosby has indicated this will be his last year as chairman; and already "volunteered" and enlisted as chairman for 1972 is Frank Sinatra . . . to the Society's great pleasure and benefit.



BASIC AND CLINICAL RESEARCH

In 1971 the NSPB Committee on Basic and Clinical Research approved the grants listed below. Though this research program is far exceeded by government appropriations and funds of voluntary organizations specializing in research support, NSPB believes it is important to provide support in promising areas not reached by these sources. Emphasis is given, therefore, to assisting the young investigator not yet established in a research career, who is pursuing a study pertinent to the interests of the National Society.

Investigator and Institution
Title of Study

RENEWAL

Calvin K. Adams, Ph.D.
Department of Ophthalmology
College of Medicine
University of Florida
Gainesville, Florida

Objective Measures of Visual Development in the Monkey

Robert Shlaer
Neurosurgery Research Laboratory
Chicago Wesley Memorial Hospital
Chicago, Illinois

The Cellular Basis of Dark Adaptation

Gholam A. Peyman, M.D.
Department of Ophthalmology
University of Illinois
Chicago, Illinois

Peroxidase Diffusion in the Normal and Photoocoagulated Retina in Primates

NEW

James R. McNair, M.D.
Department of Ophthalmology
University of Arkansas
Little Rock, Arkansas

Laser and Xenon Photocoagulation—Measurement of Intraocular Pressure Surge And Secondary Intraocular Damage

Gerald L. Portnoy, M.D.
Department of Ophthalmology
University of California, Davis
Davis, California

Cycloplegic Provocation and Correlative Testing for Open Angle Glaucoma

George E. Marak, Jr., M.D.
A. Raymond Pilkerton, M.D.
Division of Ophthalmology
Georgetown University Medical Center
Washington, D.C.

Transportation Characteristics of Bruch's Membrane and Retinal Pigment Epithelium

David C. Brown, M.D.
Department of Ophthalmology
Duval Medical Center
Jacksonville, Florida

Localization of Herpes Simplex in Chronic Herpetic Infections of Rabbits

Alan Norton, M.D.
Wilmer Institute
Johns Hopkins University
School of Medicine
Baltimore, Maryland

Adrenergic Mechanisms of Intraocular Pressure Control

Howard A. Scalzi, Ph.D.
Department of Anatomy
Kansas City College of Osteopathic Medicine
Kansas City, Missouri

An Electron Microscopic Study of Extraocular Muscle

Carl F. Asseff, M.D.
Washington University
St. Louis, Missouri

Collapse of Schlemm's Canal as the Mechanism of Aqueous Outflow Resistance

William E. Benson, M.D.
Washington University
St. Louis, Missouri

A Double-Blind Study on the Effect of Alternate Day Steroids in the Prevention of Rejection of Penetrating Keratoplasties

John F. Bigger, Jr., M.D.
Department of Ophthalmology
Washington University School of Medicine
St. Louis, Missouri

Steroid Responsiveness in Lymphocyte Cultures

Ronald M. Burde, M.D.
Department of Ophthalmology
Washington University School of Medicine
St. Louis, Missouri

Alteration of Corneal Antigenicity in vitro to Prevent Homograft Rejection

Florence L. Johnson, M.D.
Washington University School of Medicine
St. Louis, Missouri

Plasma Co-balamin Levels in Tobacco Amblyopes and in Non-asbylopic Smokers

Alan Sugar, M.D.
Washington University
St. Louis, Missouri

Alteration of Corneal Graft Survival by Electrophoresis Prior to Grafting

Joel Sugar, M.D.
Washington University
St. Louis, Missouri

(1) Ocular Penetration of Tetrahydrotriamcinolone.
(2) Anti-inflammatory Effect of Tetrahydrotriamcinolone

Werner Oppermann, M.D.
Diabetes Center
Department of Medicine
New York Medical College
New York, New York

Sequential Studies on the Progression of Experimental Diabetic Retinopathy

John W. Reed, M.D.
Department of Ophthalmology
Duke University Medical Center
Durham, North Carolina

To Try to Make Successful Corneal Grafts in a Vascularized Cornea by Controlling Neovascularization

Margaret E. Beard, Ph.D.
Department of Ophthalmology
University of Oregon Medical School
Portland, Oregon

Biochemical Cytology of Corneal Epithelium during Experimentally Induced Ulcerative Pathology

James A. Katowitz, M.D.
Department of Ophthalmology
University of Pennsylvania School of Medicine
Philadelphia, Pennsylvania

Thyroid Allografts in the Anterior Chamber of Isogenic Strains of Guinea Pig

Robert Anders Sargent, M.D.
Wills Eye Hospital and Research Institute
Philadelphia, Pennsylvania

Ocular Viscoelastometry in Myopia

Thomas O. Wood, M.D.
Department of Ophthalmology
University of Tennessee
Memphis, Tennessee

Recurrence of Epithelial and Stromal Herpes Simplex Keratitis in Steroid Treated Rabbits

Ulrich Buttner, M.D.
Department of Physiology and Biophysics
University of Washington
Seattle, Washington

Interaction of Visual Stimuli and Eye Movements in the Simian Lateral Geniculate Nucleus

Samuel Sokol, Ph.D.
Department of Ophthalmology
Tufts New England Medical Center
Boston, Massachusetts

The Electoretinogram and Visually Evoked Cortical Potential as an Electrodiagnostic Index of Macular Disease

Arthur C. Ellison
Department of Pharmacology & Toxicology
University of Mississippi Medical Center
Jackson, Mississippi

Penetration of Polyene Antifungal Agents through the Cornea and their Effect on Corneal Metabolism

CONSOLIDATED BALANCE SHEET

DECEMBER 31, 1971

	Current funds		Endowment funds and funds functioning as endowment	Land, building and equipment funds
	General	Restricted		
Assets:				
Cash	\$264,124	\$117,075	\$ 36,408	\$ —
Accounts receivable:				
Deposits and advances	12,678	—	—	—
Miscellaneous	23,317	—	—	—
Investments in bonds and stock, at cost or fair value at date of acquisition in the case of gifts (quoted market \$885,463)	36,401	—	786,104	—
Prepaid expenses	40,486	—	—	—
Investment in land, building and equipment (note 2):				
Land	—	—	—	37,500
Building, less accumulated depreciation of \$16,450	—	—	—	246,757
Equipment, less accumulated depreciation of \$41,012	—	—	—	106,560
Total assets	<u>377,006</u>	<u>117,075</u>	<u>822,512</u>	<u>390,817</u>
Liabilities:				
Accounts payable and accrued expenses	55,764	—	—	—
Reserve for vacation and severance pay	110,956	—	—	—
Total liabilities	<u>166,720</u>	<u>—</u>	<u>—</u>	<u>—</u>
Net assets (representing fund balances)	<u>\$210,286</u>	<u>\$117,075</u>	<u>\$822,512</u>	<u>\$390,817</u>
Fund balances (Exhibit C):				
General funds:				
Appropriations for special purposes	53,353	—	—	—
Unappropriated	156,933	—	—	—
Restricted funds	—	117,075	—	—
Endowment funds	—	—	39,620	—
Funds functioning as endowment	—	—	782,892	—
Net investment in land, building and equipment	—	—	—	390,817
	<u>\$210,286</u>	<u>\$117,075</u>	<u>\$822,512</u>	<u>\$390,817</u>

See accompanying notes to consolidated financial statements.

CONSOLIDATED SUMMARY OF FINANCIAL ACTIVITIES

YEAR ENDED DECEMBER 31, 1971

Support from the public:	
Received directly:	
Contributions	\$1,531,244
Legacies and bequests	357,823
Special events (after deducting expense of \$2,508)	20,929
Total received directly	1,909,996
Received indirectly—allocated	
by federated fund-raising organizations	166,885
Total support from the public	2,076,881
Other revenue:	
Investment income	\$ 103,223
Miscellaneous	3,176
Total other revenue	106,399
Total support and revenue	2,183,280
Deduct support and grants limited by donors—currently expendable, but only as specified by donor (Exhibit C)	114,864
Support and revenue available to finance current general activities	\$2,068,416
Expenditures:	
Program services:	
Research	144,684
Public health education	599,055
Professional education and training	308,232
Community services	490,060
Total program services	1,542,031
Supporting services:	
General and administrative	\$240,716
Fund raising	438,346
Total supporting services	679,062
Total expenditures (net of directly related income of \$47,775)	2,221,093
Deduct expenditures financed by special funds (Exhibit C):	
Current restricted funds	46,713
Expenditures financed by current general revenue	2,174,380
Excess of current general expenditures over related revenue	\$ 105,964

See accompanying notes to consolidated financial statements.

CONSOLIDATED STATEMENT OF CHANGES IN FUND BALANCES

YEAR ENDED DECEMBER 31, 1971

	Current funds						
	General funds		Total	Restricted	Endowment funds	Funds functioning as endowment	Land, building and equipment funds
	Appropriations for special purposes	Unappropriated					
Balance at beginning of year	<u>\$72,764</u>	<u>\$901,773</u>	<u>\$974,537</u>	<u>\$ 48,924</u>	<u>\$42,667</u>	<u>\$175,022</u>	<u>\$392,318</u>
Additions and appropriations:							
Current revenue expendable only as specified by donors	—	—	—	114,864	—	—	—
Equipment acquisitions	—	—	—	—	—	—	18,896
Appropriations	<u>4,066</u>	<u>(662,353)</u>	<u>(658,287)</u>	<u>—</u>	<u>—</u>	<u>658,287</u>	<u>—</u>
	<u><u>76,830</u></u>	<u><u>239,420</u></u>	<u><u>316,250</u></u>	<u><u>163,788</u></u>	<u><u>42,667</u></u>	<u><u>833,309</u></u>	<u><u>411,214</u></u>
Deductions:							
Excess of current general expenditures over related revenue	23,477	82,487	105,964	—	—	—	—
Net loss on investment transactions	—	—	—	—	3,047	50,417	—
To finance expenditures included in Exhibit B	—	—	—	46,713	—	—	—
Provision for depreciation (computed on straight-line method)	—	—	—	—	—	—	20,397
	<u><u>23,477</u></u>	<u><u>82,487</u></u>	<u><u>105,964</u></u>	<u><u>46,713</u></u>	<u><u>3,047</u></u>	<u><u>50,417</u></u>	<u><u>20,397</u></u>
Balance at end of year	<u><u>\$53,353</u></u>	<u><u>\$156,933</u></u>	<u><u>\$210,286</u></u>	<u><u>\$117,075</u></u>	<u><u>\$39,620</u></u>	<u><u>\$782,982</u></u>	<u><u>\$390,817</u></u>

See accompanying notes to consolidated financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS—DECEMBER 31, 1971

- 1) Consolidated Financial Statements. The consolidated financial statements include the National Society for the Prevention of Blindness, Inc. (including state committees) and affiliated chapters in Connecticut, Colorado, Northern and Southern California, Indiana, and Minnesota. 2) Land, Building and Equipment. Land, building and equipment are stated at cost or fair value at date of acquisition in the case of gifts. Depreciation of building and equipment has been provided so as to amortize the value of these assets over their estimated useful lives, with corresponding charges directly to the fund balance, "Net investment in land, building and equipment." 3) Lease Commitments. The Society and its affiliated chapters occupy premises under various leases extending through 1977 and requiring annual net rental payments aggregating approximately \$75,000. 4) Pension Plans. The Society and its affiliated chapters have contributory pension plans covering permanent employees. Total expenditures for the plans amounted to \$22,506 for the year. There are no unfunded prior service costs.

CONSOLIDATED ANALYSIS OF FUNCTIONAL EXPENDITURES

YEAR ENDED DECEMBER 31, 1971

	Program services					Supporting services	
	Total	Research	Public health education	Professional education and training	Community services	General and administrative	Fund raising
Awards and grants	\$ 104,336	\$ 81,681	\$ 2,281	\$ 276	\$ 19,053	—	1,045
Support of health organizations	4,256	—	732	2,441	143	—	940
Salaries	1,056,622	47,370	248,674	209,814	316,737	88,525	145,502
Payroll taxes	46,897	1,892	10,961	9,078	14,357	4,035	6,574
Employee benefits	71,579	2,687	11,181	12,009	15,398	21,206	9,098
Building occupancy	124,469	7,305	35,087	20,775	31,834	8,713	20,755
Telephone and telegraph	44,990	2,182	12,899	7,139	14,468	2,942	5,360
Office supplies	44,514	18	6,750	989	7,850	26,579	2,328
Office equipment and maintenance	33,480	573	2,722	728	11,094	16,856	1,507
Printing and publications	291,766	58	136,107	7,024	6,137	4,999	137,441
Postage and shipping	116,044	448	41,505	3,152	5,196	20,872	44,871
Visual aids, films, etc.	86,787	—	83,056	1,099	2,354	245	33
Travel	90,793	470	14,454	35,061	33,236	3,703	3,869
Professional fees	59,541	—	172	557	5,426	34,449	18,937
Purchase of mailing lists	66,323	—	27,406	—	—	—	38,917
Insurance	7,804	—	422	12	6,351	1,010	9
Other	18,667	—	1,784	6,262	426	9,035	1,160
	2,268,868	144,684	636,193	316,416	490,060	243,169	438,346
Less directly related income	47,775	—	37,138	8,184	—	2,453	—
	<u>\$2,221,093</u>	<u>\$144,684</u>	<u>\$599,055</u>	<u>\$308,232</u>	<u>\$490,060</u>	<u>\$240,716</u>	<u>\$438,346</u>

ACCOUNTANTS' REPORT

THE BOARD OF DIRECTORS
NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.:

We have examined the consolidated balance sheet of the National Society for the Prevention of Blindness, Inc. and affiliated state chapters as of December 31, 1971 and the related summary of financial activities and statement of changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying consolidated financial statements present fairly the financial position of the Society and its affiliated state chapters at December 31, 1971 and the results of their operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year. The supplementary data included in Schedule 1 have been subjected to the same auditing procedures and, in our opinion, are stated fairly in all material respects when considered in conjunction with the basic financial statements taken as a whole.

Peat, Marwick, Mitchell & Co.

New York, New York
March 15, 1972

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

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is one of the 18 major national voluntary health agencies which has met the National Health Council's standards and ethical guidelines for membership under a new policy initiated in 1963. The new accreditation assures the public that the National Society: is primarily supported by voluntary contributions / is basically controlled by a broad citizenship membership / is under the direction of a representative voluntary board which has reasonable rotation and broad geographical representation / has program activities approved by committees which include competent experts in the specific areas of the Society's program / follows specified ethical fund-raising practices / makes complete financial reports to the public which conform to the National Health Council's uniform accounting system. Through the National Health Council, an organization of more than 70 national voluntary, professional and governmental agencies and other groups, its member agencies work together and with others in the common cause of health protection and improvement.

AN ENDURING LEGACY

Bequests of all sizes have helped to make possible the sight-saving activities of the National Society for the Prevention of Blindness since its establishment in 1908. The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. / You can assure the Society of continuing financial support by using the following bequest form:
I give and bequeath to the National Society for the Prevention of Blindness, Inc., a corporation organized under the laws of the State of New York, the sum of \$..... for its corporate purposes.
Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it, are of course tax deductible. / Before a donor makes a gift of substance he should consult his lawyer.
You may also write to the Society.



The National Society for the Prevention of Blindness, Inc., founded in 1908, is the oldest voluntary health agency nationally engaged in the prevention of blindness through a comprehensive program of community services, public and professional education, and research. ▀ Publications, films, lectures, charts and advisory service are available on request. ▀ The National Society is supported entirely by contributions, memorial gifts, bequests and legacies, which are income tax deductible.

Half of all blindness can be prevented!